

# CALIFORNIA'S HEALTH

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DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
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## PROGRAM FOR SCHOOL HEALTH INSTITUTES

The program is announced for the School Health Institutes to be held in March and April under the joint sponsorship of the State Departments of Public Health and Education. Following is the schedule of meetings:

**Oakland,** March 18, 19, 20, Board of Education Auditorium, East 10th St. and 2d Ave.

**Sacramento,** March 21, 22, 23, City Council Chambers, City Hall.

**Fresno,** March 25, 26, 27, Fresno State College.

**Santa Barbara,** March 28, 29, 30, Recreation Center, 914 Santa Barbara Street.

**San Diego,** April 1, 2, 3, County Schools Service Building, 1253 University Ave.

**San Bernardino,** April 4, 5, 6, Calvary Baptist Church, 19th and E Streets.

Program participants will include the following: Dorothy B. Nyswander, Ph.D., Health Education Specialist, Inter-American Educational Foundation, Inc.; Alberta Wilson, P. H. N. Assistant Director, National Organization for Public Health Nursing; Dr. L. C. N. Wayland, Director of Health, Santa Barbara City Schools; Dr. G. G. Wetherill, Director of Health Education, San Diego City Schools; Dr. Jessie M. Bierman, Chief, Bureau of Maternal and Child Health, State Department of Public Health; Verne S. Landreth, Chief, Division of Recreation, State Department of Education; Dr. Dorothy Lottridge, Maternal and Child Health Officer, State Department of Public Health; Bernice Moss, Consultant in School Health Education, State Department of Public Health; Cecyl Nelson, Supervisor, Community Health Education Project, State Department of Education; W. H. Orion, Chief, Division of Physical and Health Education, State Department of Education.

### PROGRAM

#### First Day

##### Morning

- 9.00- 9.40. Registration.  
9.45-12.00. 1. *Modern Concepts in School Health*—Dorothy Nyswander.  
2. *Improving the Quality of School Medical Services*—Alberta Wilson, Jessie M. Bierman, L. C. N. Wayland, G. G. Wetherill.

##### Afternoon

- 1.00- 1.25. Registration.  
1.30- 4.00. *Contributions School and Health Departments Can Make to the School Health Program.* A panel discussion. *Chairman,* Bernice Moss. *Panel Members,* Dorothy Nyswander, Alberta Wilson, L. C. N. Wayland, Cecyl Nelson, W. H. Orion, Verne S. Landreth, Local Health Officer, Local School Administration.

- A discussion of:  
Health Teaching.  
Health Services.  
Health Counseling.  
In Service Education.  
Emotional Health of Staff and Students.  
School Lunch.  
Healthful School Environment.  
Healthful Community Environment.  
Integration of School and Community Health Programs.

#### Covering responsibilities of:

- Health Officer.  
School Administrator.  
School Physician.  
School Nurse.  
Dental Hygienist.  
Classroom Teacher.  
Physical Education Teacher.  
Community Health Educator.  
School Health Coordinator.  
Custodian.  
Nutritionist.  
Sanitarian.

#### Second Day

##### Morning

- 9.00- 9.25. Registration.  
9.30-12.00. *Demonstrations of School Health Services.*  
1. Nurse-Teacher Conference Prior to Medical Examination of Students.  
2. Medical Examination.

3. Physician-Nurse-Parent Conference on Findings and Follow-up.

4. Nurse-Teacher Conference on Findings and Follow-up.

*Participants:* Alberta Wilson, Dorothy Nyswander, L. C. N. Wayland, Dorothy Lottridge, G. G. Wetherill.

#### Afternoon

1.00- 1.25. Registration.

1.30- 4.00. 1. *Joint Planning and Action by School and Health Departments—Techniques That Have Worked*, Dorothy Nyswander.

2. *Effective School Nursing Services*, Alberta Wilson.

3. *Planning the School Health Curriculum*, Bernice Moss.

#### Third Day

##### Morning

8.45- 9.00. Registration.

9.00-12.00. 1. *Protection of the Health of the School Staff*, L. C. N. Wayland, Jessie M. Bierman, G. G. Wetherill.

2. *Open Forum on School Health Problems*, Discussion Leader, Dorothy Nyswander.

Adjournment.

In addition to staffs of local school and health departments invitation to attend the institutes is extended particularly to the following groups: Members of Boards of Education, representative of parochial schools, faculty of medical and nursing schools, faculty of teachers colleges, health chairmen of parents and teachers associations, and other persons who are interested in school health.

Further information concerning the institutes may be obtained from the Bureau of Health Education, State Department of Public Health, 760 Market Street, San Francisco, or from the co-chairmen of local committees on arrangements, as follows:

**Oakland**, Dr. S. F. Farnsworth, City Health Officer, and Dr. William R. Odell, Superintendent of City Schools.

**Sacramento**, Dr. Albert F. Zipf, County Health Officer, and Dr. Richard G. Soutar, City School Physician.

**Fresno**, Dr. William F. Stein, County Health Officer, and Edwin C. Kratt, Superintendent of Schools.

**Santa Barbara**, Dr. I. O. Church, County Health Officer, Dr. Rudolph Lindquist, Superintendent of Schools.

**San Diego**, Dr. Alex M. Lesem, County Health Officer, Dr. John Carroll, Superintendent of Schools, Dr. G. G. Wetherill, Director of Health Education, City Schools.

**San Bernardino**, Dr. W. W. Fenton, County Health Officer, and Gordon Park, Superintendent of Schools.

### HEALTH OFFICER CHANGES

Dr. Edward Raitt has been appointed health officer of Tulare County.

Dr. James C. Malcolm, former health officer of Tulare County, is now in charge of the venereal disease clinics in the San Joaquin local health district at Stockton.

Dr. Elmer Bingham, formerly the health officer in San Luis Obispo County and more recently Commander in the Navy, has been released by the Navy and is also working under Dr. Sippy in Stockton.

### VISITING NURSING SERVICE CELEBRATES ANNIVERSARY

Last month the Visiting Nursing Service sponsored by the San Mateo County and Redwood City Chapters of the American Red Cross celebrated its tenth anniversary.

Set up 10 years ago with only one nurse and serving only a limited area in the county, this service has increased its staff to a total of 11 nurses, and is now one of two county-wide nursing services in California, the other being in Marin County. Nursing care is given on a part-time basis to persons of all economic levels and an educational program is carried on.

During the past year 14,918 visits were made to 3,043 cases; 3,495 of the visits were to families of men in the armed forces. A series of eight classes for expectant mothers had a total enrollment of 103 persons; 460 injections were given at the office; a group contract with the United Airlines entails visits to their sick employees and nursing care to them as needed.

Just as increased demands in the past have brought increased responsibilities, plans for the future include cooperation on a broader scale with the health and welfare agencies and an enlarged educational program.

### KNOW YOUR PUBLIC HEALTH NURSE

We have in the United States one public health nurse to approximately every 6,000 persons. The desired ratio, according to Thomas Parran, Surgeon General, U. S. Public Health Service, is one to every 2,000; and to obtain it would require at least 65,000 public health nurses—about 45,000 more than we now have.

To educate the public in the services offered by public health nurses in local health departments, visiting nurse associations, and other official and private agencies, to stimulate the establishment of health facilities where at present none exist, and to encourage more nurses to enter the public health field Know Your Public Health Nurse Week will be observed nationally April 7th-13th.

In many of the counties of this State, units of the California State Organization for Public Health Nursing are assuming the initiative for planning local programs for Public Health Nursing Week.

The San Francisco Community Chest is taking the responsibility in San Francisco for (1) acquainting the people in that community with the public health nurse—who she is and what she does—and for (2) the recruitment of students for schools of nursing, especially public health nursing, from among secondary school and college-age girls.

# DIPHTHERIA IN CALIFORNIA

The increasing diphtheria incidence in many counties (Table I) clearly points the need for more aggressive immunization programs accompanied by public education which will impel parents to seek the preventive measures that are available from public health departments and private physicians.

The dramatic result of continued well organized programs of immunization is shown in the records of several counties where local public health departments have been established over a period of years.

TABLE I  
DIPHTHERIA 1920-1945  
CASE RATES BY FIVE-YEAR PERIODS

County*	1920-1924 rates**	1925-1929 rates**	1930-1934 rates**	1935-1939 rates**	1940-1944 rates***	1945 rates***
California.....	224.5	102.0	46.5	26.1	13.2	14.6
Alameda.....	255.1	118.1	19.4	26.9	8.8	5.2
Butte.....	96.1	185.4	23.8	8.9	32.4	16.7
Contra Costa.....	189.9	66.7	15.8	19.3	8.9	26.5
Fresno.....	219.3	58.5	55.4	17.7	18.7	41.1
Humboldt.....	138.5	45.6	9.6	7.1	3.1	
Imperial.....	43.2	54.1	125.0	53.9	40.4	57.8
Kern.....	207.1	76.9	40.7	23.2	12.3	31.0
Kings.....	154.9	78.4	32.6	29.6	15.5	42.7
Los Angeles.....	268.1	124.9	66.3	26.4	10.0	8.3
Madera.....	135.7	60.6	57.4	43.5	24.1	35.1
Marin.....	141.8	43.9	14.0	8.4	15.6	6.4
Mendocino.....	178.4	75.1	40.8	46.5	10.3	
Merced.....	152.5	126.6	39.9	15.8	19.8	23.3
Monterey.....	119.1	58.5	47.2	43.1	12.0	10.6
Napa.....	55.6	81.6	14.9	23.0	29.2	7.0
Orange.....	176.5	186.0	77.3	40.6	15.5	37.6
Placer.....	23.0	69.9	22.9	9.6	7.9	6.7
Riverside.....	205.6	97.6	78.3	39.7	38.8	32.2
Sacramento.....	247.2	70.9	40.3	43.2	35.3	16.5
San Bernardino.....	167.6	110.5	43.7	29.7	31.3	38.8
San Diego.....	209.4	95.4	32.1	52.6	18.3	20.3
San Francisco.....	286.0	86.6	20.9	8.4	4.7	7.2
San Joaquin.....	314.1	79.8	22.9	18.9	27.9	21.2
San Luis Obispo.....	138.0	51.6	30.9	61.4	23.5	4.4
San Mateo.....	194.9	109.2	18.3	9.6	2.7	5.2
Santa Barbara.....	109.2	52.8	30.1	40.8	2.1	
Santa Clara.....	248.2	95.8	32.5	33.1	11.8	26.0
Santa Cruz.....	179.7	52.9	34.7	16.3	7.0	4.2
Shasta.....	45.9	18.9	1.2	8.9	16.6	48.0
Siskiyou.....	44.5	46.6	18.3	5.8	8.8	3.6
Solano.....	121.5	48.1	21.5	4.3	7.5	6.3
Sonoma.....	193.9	75.3	42.3	24.1	12.5	11.1
Stanislaus.....	185.2	94.1	29.6	13.4	9.5	10.8
Tulare.....	119.6	76.1	59.0	27.9	13.2	72.7
Ventura.....	119.6	64.2	49.4	53.0	28.6	5.8
Yolo.....	68.9	84.2	20.4	18.3	25.4	12.5

\* Only those counties having 20,000 or more population in 1940 are listed.

\*\* Rates based on 5 years average of cases. Population estimates 1922, 1927, 1932, 1937 are based on U. S. Bureau of Census data.

\*\*\* Population estimates compiled by California Taxpayers' Assn. Rates per 100,000 population.

The most enviable position in regard to diphtheria obtains in Santa Barbara county. With an estimated population of 81,500 there were no cases of diphtheria in 1945 and the case rate for the five years 1940-1944 was only 2.1. From several counties where the population is smaller (Table II), there also were no cases reported in 1945. However, without exception, these counties have no full time local health departments and in the absence of this service, reporting by private physicians is generally poor.

While it is recognized that morbidity statistics are not strictly comparable for different years, due to variations in the completeness of reporting and other factors it is instructive to take from Table I the 16 counties showing an increase in 1945, as compared with 1940-44, and place each in the period with which its 1945 rate most nearly coincides:

1920-1924.....	Shasta
1925-1929.....	Imperial, Tulare
1930-1934.....	Fresno, Kern, Kings, San Bernardino, Santa Clara
1935-1939.....	Contra Costa, Madera, Orange, San Francisco
1940-1944.....	Merced, San Diego, San Mateo, Stanislaus

From this arrangement it is seen that in many counties, diphtheria case rates in 1945 approximated rates which prevailed in the same counties a decade or more ago. It should be noted, however, that there are marked variations in the case rates in these counties. For instance, in San Francisco, although diphtheria increased in 1945, the case rate was only 7.2.

On the other hand the three counties with the highest case rates in 1945 (Tulare, 72.7; Imperial, 57.8; Shasta, 48.0) are the three counties in which the reported incidence of diphtheria is comparable to that existing prior to 1930 before preventive measures were widely used.

Steps taken in one city to combat an increase in diphtheria are described in the *Morbidity and Mortality Weekly Report* of the Los Angeles City Health Department for February 2, 1946:

"As a result of a continuous program of immunization against diphtheria by the Health Department, and private physicians, the incidence of this dread disease dropped steadily from 91 (per 100,000) population in 1932 to a low of seven (per 100,000) in 1940.

"Since 1940, probably due to a rapid influx of unimmunized people and crowding (335,000 population increase 1940-1945 with very little increase in housing), and in spite of continuance of the diphtheria immunization program the incidence crept up again to 18 (per 100,000) in 1944. This was cause for alarm and a special immunization drive was put on in 1945.

"In 1945, a 45% reduction over 1944 resulted. The maximum reduction took place in school children (55%) where the Health Department immunized 59,863 children."

The immunization program in Los Angeles was accompanied by a vigorous program of health education both in the schools and for the public. One educational tool which was considered to have been partic-

ularly effective was a specially made short film "trailer" shown in most of the commercial theaters in the city.

The slogan, "Diphtheria is preventable" has been current for so long a time that it is a generally accepted truth. The experience in California during the war years, and elsewhere in the country where increased incidence has occurred, has demonstrated that this truism has not yet become an accomplished fact. There is still, and as far as can be foreseen there will

always be, need to follow through with established public health procedures, namely:

1. Immunization of infants during the last half of the first year of life.
2. Booster doses every two or three years during childhood; at least at the time of starting school and at least once between the ages of six and ten.

Reported cases, upon which the rates prior to 1944 and 1945 in Table I are based will be found in the August 15, 1944, issue of *California's Health*.

TABLE II  
DIPHtheria—CIVILIAN CASES—1945  
BY COUNTY, MONTH, AND RATE PER 100,000 POPULATION

County	Month												Total	Rate per 100,000 population**
	January	February	March	April	May	June	July	August	September	October	November	December		
Alameda.....	8	3	3	6	2	2	4	2	1	3	2	2	38	5.2
Alpine.....														
Amador.....														
Butte.....	1					2	1				3		8	15.7
Calaveras.....		1											1	12.7
Colusa.....				1	3			2		1			7	72.9
Contra Costa.....	16	11	4	5		3	2	12	3	4	7	5	72	26.5
Del Norte.....											1		1	27.0
El Dorado.....														
Fresno.....	12	5	3	3	8	4	3	1	4	10	16	7	85	41.1
Glenn.....										1			1	7.5
Humboldt.....														
Imperial.....	3	13	3	5			2	2	1	1	2		32	57.8
Inyo.....	1												1	10.8
Kern.....	5	8	4	2	2	3	4	4	5	7	4	6	54	31.0
Kings.....									6	8	3		17	42.7
Lake.....	3											1	4	44.4
Lassen.....													6	39.8
Los Angeles.....	39	28	35	21	19	14	15	24	16	46	19	12	289	8.3
Madera.....	1		3			1				1	2	2	10	35.1
Marin.....		1					1	1		2			5	6.4
Mariposa.....														
Mendocino.....														
Merced.....		1	2							2	6	1	12	23.3
Modoc.....														
Mono.....														
Monterey.....										2	2	3	10	10.6
Napa.....						1	1			1			3	7.0
Nevada.....														
Orange.....	9	5	2	5	9	2			2	5	17	6	62	37.6
Placer.....						1					1		2	6.7
Plumas.....														
Riverside.....	9	2	2	4	5	1	1	3	4		5	6	42	32.2
Sacramento.....	3	5	1			6	2	1			4	6	34	15.5
San Benito.....											2	4	7	54.3
San Bernardino.....	5	7	4	1	2	2	3	2	5	4	12	39	86	38.8
San Diego.....	11	11	7	8	4	8	9	7	6	11	8	5	95	20.3
San Francisco.....	4	4		6	7	7	3	7	3	6	1	6	54	7.2
San Joaquin.....	7	12	1	1	1		1	1	5	3	4	2	38	21.2
San Luis Obispo.....										2			2	4.4
San Mateo.....		2									2	4	9	5.2
Santa Barbara.....														
Santa Clara.....	6	6	7	10	3	3	2		8	3	8	1	57	26.0
Santa Cruz.....	1											1	2	4.2
Shasta.....	2		3	3	2				2				12	48.0
Sierra.....														
Siskiyou.....										1			1	3.6
Solano.....	1				1					2	3		7	6.3
Sonoma.....										1	2	1	9	11.1
Stanislaus.....		1		2	5			1	1		1		11	10.8
Sutter.....			1									1	7	33.3
Tehama.....	1	1	1										3	19.9
Trinity.....														
Tulare.....	1	1			1		6	18	19	17	13	14	90	72.7
Tuolumne.....														
Ventura.....						1				1	1	1	5	5.8
Yolo.....	2									1			4	12.5
Yuba.....				2									3	14.4
Not allocated*											1	1	2	
Totals.....	151	129	87	85	81	64	65	92	95	159	155	137	1,300	14.6

\* Cases that are "Not allocated" represent patients ill or previously diagnosed before entering the State or those who were itinerants. These cases are not chargeable to any one locality.  
\*\* Population estimates prepared by the California Taxpayers' Association.



### U. S. PUBLIC HEALTH SERVICE ANNOUNCES OPENINGS

Appointments to fill vacancies in the Reserve Corps of the U. S. Public Health Service are now being made, and examinations for Regular Corps appointments will be held in April and May. Physicians, dentists, and nurses are needed immediately for duty in hospitals, in the Tuberculosis and Venereal Disease Control Programs, and in other activities of the Public Health Service.

Persons interested in immediate appointment in the Reserve Corps or in taking the examination for the Regular Corps, should request application forms of the Surgeon General, U. S. Public Health Service, Federal Security Agency, Washington, D. C.; or of the Medical Director, U. S. P. H. S. District No. 5, 630 Sansome Street, San Francisco.

Oral examinations for Regular Corps appointments for medical officers will be held April 9th in Los Angeles; April 10th, 11th in San Francisco. Written examinations will be held May 14th, 15th, and 16th.

### GRANT FROM BARUCH COMMITTEE ON PHYSICAL MEDICINE TO U. S. C.

The University of Southern California has received a grant of \$30,000 from the Baruch Committee on Physical Medicine. It is one of 11 schools sharing in the original grant of \$1,100,000 made by Bernard M. Baruch in 1944 to the Baruch Committee on Physical Medicine. The purpose of these grants is to advance and encourage research, teaching, and training in the field of physical medicine, and to bring the benefits of this branch of medicine to the rehabilitation of persons maimed in war, industry, or by illness.

Under the direction of Dr. Irving Rehman at the University of Southern California, research planned or in progress includes: The evaluation of compensatory action of muscles or muscle groups; the use of soft tissue x-rays and metal pin implants to study muscle movement; the determination of electrical potentials in muscle contractions; the interruption of neuromuscular pathways by pressure, nerve section and chemicals; the effect of internal environment on regeneration of neuromuscular pathways and return of function.

### 892 CASES OF POLIOMYELITIS REPORTED IN 1945

With 892 cases of poliomyelitis reported in California in 1945 the year was one of high incidence, with epidemic conditions in a few counties. It has been suggested by some persons that the sustained high incidence during the last quarter of 1945 may presage an epidemic in 1946. This has not been true

in the past. In January, 1946, there were 54 cases reported as compared with a five year median of 17 cases.

Following is a statistical compilation of reported cases of poliomyelitis in California by months during the last 20 years:

### POLIOMYELITIS, ACUTE ANTERIOR CALIFORNIA—1926-1945 (By Year and Month)

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
1926	8	14	13	10	11	16	18	18	34	13	17	15	187
1927	11	8	7	9	22	77	218	323	251	157	141	74	1,298
1928	32	55	14	19	30	27	20	31	25	22	20	8	303
1929	11	11	10	4	15	17	19	28	24	12	12	7	170
1930	16	3	12	17	64	224	482	246	261	390	145	73	1,903
1931	34	26	19	22	9	27	24	23	45	26	18	20	293
1932	10	12	18	9	9	16	22	36	18	16	17	8	191
1933	9	4	10	9	11	12	16	15	17	24	25	19	171
1934	25	27	18	38	314	1,193	767	430	225	182	103	74	3,396
1935	67	42	33	18	23	91	142	138	104	103	47	29	837
1936	17	17	13	13	17	17	51	42	97	35	38	31	388
1937	16	3	7	14	16	36	88	147	173	83	61	19	653
1938	9	11	9	2	5	8	17	23	15	6	6	6	117
1939	4	4	3	6	29	48	150	257	189	138	105	40	973
1940	45	14	10	12	29	58	75	64	57	48	14	14	440
1941	8	11	5	6	17	25	27	36	36	28	20	13	232
1942	9	8	8	4	5	5	17	29	66	68	59	52	330
1943	27	15	18	23	53	253	473	532	620	308	228	99	2,649
1944	21	24	20	15	28	32	43	53	67	61	58	37	459
1945	17	10	7	9	9	34	84	138	188	182	143	71	892

### BLOOD PLASMA FOR FREE USE IN CIVILIAN MEDICAL PRACTICE

Under the direction of the American Red Cross, surplus dried human plasma originally prepared for use by the armed forces is now being made available for civilian use. The basic concept of the program is to make the surplus plasma readily available without cost to any patient who needs it.

The plasma is being released to the various State health departments for distribution within the States, at first in the form of an allocation calculated to meet civilian needs for approximately three months. It will be supplied and distributed free of charge.

California will receive an initial allocation of approximately 32,000 units. This amount will not be sufficient for distribution everywhere in the State, but the plasma will be distributed as rapidly as it arrives, under the following plan:

The Division of Laboratories of the California State Department of Public Health will act as distributing agency for the State. Where there is a full time local health officer, distribution will be made through local health departments. The local health officer will assume the responsibility for the distribution of plasma to all hospitals and to physicians within the jurisdiction of his department.

Where there is no full time local health service, the initial allotment may be sent to the county health officer for redistribution by him throughout the county regardless of local health department jurisdiction; or it may be sent to the local Red Cross Chapter or to a medical agency—as local hospital—designated by the health officer and approved by the State Health Department.

If the county health officer so indicates, the State Health Department will assume responsibility for selecting a local health agency; or will assume full responsibility for local distribution and upon request from hospitals or physicians send the plasma directly to them.

Monthly reports on the distribution will be made by the local distributing agent and transmitted to the Division of Laboratories of the State Department of Public Health, which in turn will make monthly reports to the American Red Cross.

Details concerning the distribution plan are being provided to all local health officers.

### CIVIL SERVICE EXAMINATIONS

The State Personnel Board announces civil service examinations for *roentgenologists* and for *cannery inspectors*, the final date for filing applications: March 7th, the examination date: March 23d; for *hearing*

*conservation specialists*, final date for filing application: March 20th, the examination date: April 4th; for *rodent control officers*, the final date for filing applications: March 21st, the examination date: April 6th.

Applications must be made on Form 660, which may be obtained from the State Personnel Board, 108 State Building, San Francisco; 1015 L Street, Sacramento; or 104 State Building, Los Angeles.

### RESTAURANT SANITATION SLIDE FILMS

As an aid to persons holding classes in restaurant sanitation, four sound slide films, with a series title, *Our Health in Your Hands*, are available from the Bureau of Health Education. The films were prepared by the U. S. Public Health Service.

The first, *Germs Take Pot Luck*, deals with the spread of disease and the responsibility of restaurant workers in preventing that spread. The second, *Service with a Smile*, demonstrates correct service practices and ties in with them the need for good health practices. *In Hot Water* shows correct dishwashing—manual and machine—proper drying, handling, and storage of dishes and glasses. The fourth, *Safe Food for Good Health*, stresses the need for having good food to begin with, sanitary principles in its preparation, proper refrigeration, and the maintenance of clean storage rooms.

Each film is a teaching tool intended for incorporation within a class session to demonstrate what has been developed or to promote the initial discussion, and to encourage the workers themselves to describe their own methods.

The films are 35 mm., black and white, and run from 10 to 15 minutes. Local health departments which conduct frequent classes in restaurant sanitation probably will wish to purchase copies. The set of four may be purchased for \$10 (10 per cent discount to non-profit institutions) from Castle Films, Inc., 30 Rockefeller Plaza, New York City.

### ATTORNEY GENERAL'S OPINION ON HOSPITAL CONSTRUCTION FUNDS

Authority of the State Department of Public Health to reallocate Federal and State funds to nonprofit private organizations for hospital construction is defined in a recent opinion of the Attorney General.

Necessity for a ruling was created by U. S. Senate Bill 191 now pending, which would make available Federal funds for the construction of hospitals and health centers.

Two questions were asked:

1. May the State of California reallocate Federal funds which have been made available to the State of California to nonprofit organizations for hospital construction?
2. May the State of California provide State funds to be allocated to nonprofit organizations for hospital construction?

The Attorney General says:

"In answer to your first question it is my opinion that the designated agency in the State may receive from the Federal Government sums made available to nonprofit organizations for hospital construction in California; that these sums may be reallocated by the designated State agency to the nonprofit organizations only as directed and prescribed by the provisions of the bill.

"In answer to the second question, the allocation of State funds to a nonprofit organization for hospital construction would in effect be a gift of public funds even though such allocation to a nonprofit organization would be coupled with the public interest.

"Article IV, Section 22, of the State Constitution, reads in part as follows:

'No money shall be drawn from the treasury but in consequence of appropriation made by law, and upon warrants duly drawn thereon by the Controller; and no money shall ever be appropriated or drawn from the State treasury for the purpose or benefit of any corporation, association, asylum, hospital or any other institution not under the exclusive management or control of the State as a State institution, nor shall any grant or donation of the property ever be made thereto by the State.'

### STUDIES IN THE TRANSMISSION OF POLIOMYELITIS

Careful studies of the circumstances surrounding the development of poliomyelitis indicate that present methods and criteria for the diagnosis of the disease must be revised. The first of these studies was made of the 1941 epidemic in Walker County, Alabama;<sup>1</sup> another is of the 1944 epidemic in the greater Buffalo area;<sup>2</sup> a third is of a nonepidemic year—1945—in Chicago.<sup>3</sup>

The studies would seem to indicate that there is an infectious period three days before or three days after the onset of the prodromal period and that the incubation period from exposure to the onset of the prodromal period) is from four to 35 days, averaging 12.

<sup>1</sup> Casey, Albert E.: Observations on an Epidemic of Poliomyelitis, *Science* 95: 359-360 (April 3) 1942; The Incubation Period in Epidemic Poliomyelitis, *J. A. M. A.* 120: 805-807 (Nov. 14) 1942; Place of Contact and Radial Spread of Epidemic Poliomyelitis, *Am. J. Dis. Child.* 69: 152-156 (March) 1945.

<sup>2</sup> Smith, Bridge, Underwood, and Dale: Study of the Origin of an Epidemic of Poliomyelitis, *J. A. M. A.* 129: 1150-1156 (Dec. 22) 1945.

<sup>3</sup> Casey, Fishbein, and Bundesen: Transmission of Poliomyelitis by Patient to Patient Contact, *J. A. M. A.* 129: 1141-1145 (Dec. 22) 1945.

Further evidence seemed to indicate that the transmission of the disease could be established as at least 80 per cent patient to patient contact, whether through the mechanical use of hands, mouth, nose, insect, or other methods. It seemed that flies and other insects played a minor part, if any, in the transmission; nor was there evidence that the disease was spread by polluted sewage or insanitary environmental conditions.

Multiple cases of poliomyelitis were the rule rather than the exception in a family where there were other children from 1½ to 8½ years of age in the home in addition to the child known to have the disease. In the Chicago study poliomyelitis was found to be contagious perhaps to a degree of 90 per cent in the 1½ to 3½ age groups, but less infectious in the older groups. It was usually a very mild condition, but in every instance there was sufficient systemic disturbance to account for a thorough immunization. Yet without the intensive neighborhood study only about three out of 12 cases would have been diagnosed as such, even under an alert public health reporting system. Illness in the other cases was so mild in most instances that a physician was not consulted. Paralysis developed in about one case in six; and about two in six could be confirmed only by animal inoculations or by spinal fluid protein examination done two to seven weeks after onset.

The apparent contagiousness of poliomyelitis in an epidemic year in a rural community compared with a nonepidemic year in a large modern city would seem to demonstrate that poliomyelitis is a very contagious disease among young children. Presumably the older children may actually have had the disease or may have developed an immunity in some other way.

The studies in the Buffalo area endeavored to learn why three almost simultaneous cases appeared in a township in which no previous cases had been known for 15 years. Evidence showed that they did not arise "de novo," but that they were relatively late developments in a cycle which had been in progress but unsuspected for approximately three months.

### POLICIES IN THE CARE OF CHILDREN SUFFERING FROM POLIOMYELITIS

Responsibilities for the care of children suffering from poliomyelitis have been defined by an agreement between the National Foundation for Infantile Paralysis and the State Department of Public Health. Procedures recommended are in line with the State department's responsibility for the maintenance of high standards for the care of all crippled children and the



National foundation's policy of cooperation with public officials in effecting the best possible results in the care of paralysis patients.

The official State agency providing care for children afflicted with infantile paralysis is the Crippled Children Services of the State Department of Public Health. It has the basic organization for making such provisions, and it is believed that its services should be utilized by the chapters inasmuch as standards of medical care and hospital care of the highest level have been established; a system of follow-up developed through local clinics, health departments, and welfare departments, and its professional staff has had special training and experience.

The chapters of the National foundation have been established to assure the best available medical care to all infantile paralysis patients, and to that end chapter funds are used to provide aid when needed by the patient for hospitalization, medical and nursing service, orthopedic appliances, and transportation to and from hospitals and clinics. In cooperation with the local medical and health authorities, the Chapters are a force in the community for the improvement of facilities for the care of such patients. By financing training through scholarships, the Chapters raise standards and increase the number of persons who can administer recommended treatment. They also maintain an educational service program to keep the public informed on infantile paralysis.

With the foregoing policies and responsibilities as a basis, the following recommendations are made to the California chapters of the National Foundation for Infantile Paralysis:

- (1) That each Chapter become acquainted with the local Crippled Children Services program.
- (2) That each child under 21 found to have infantile paralysis be reported to the Crippled Children Services.
- (3) That, where possible, the facilities made available by Crippled Children Services be used to provide the treatment of children under 21 with acute or early infantile paralysis and that the chapter finance the service rendered by those facilities.
- (4) That old cases of infantile paralysis in persons under 21 should be referred by the chapter to the crippled children's clinics held in the community, that findings and recommendations made there be a basis for future planning, and that costs be paid by the chapter as for acute cases.
- (5) That children crippled by causes other than infantile paralysis be referred to the Crippled Children Services.

- (6) That each chapter should pay for medical care where need is indicated for all infantile paralysis patients irrespective of age. Inasmuch as Crippled Children Services can be of no assistance in providing care for those over 21 years, other arrangements for providing care to them will have to be made.

Detailed procedures have been outlined for implementing the recommendations.

#### MORBIDITY REPORT—JANUARY, 1946

Reportable diseases	Week ending					Total cases January	5-yr. median January
	1-5	1-12	1-19	1-26	2-2		
Amebiasis (Amoebic Dysentery).....	3	1	2	3	4	13	
Anthrax.....							
Botulism.....							
Chancroid.....	6	8	7	10	3	34	
Chickenpox (Varicella).....	416	776	663	580	516	2,951	4,928
Cholera, Asiatic.....							
Coccidioid granuloma.....		1	1	1		3	
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum).....	1		1	1		3	
Dengue.....							
Diarrhea of the newborn.....		1		1	1	3	
Diphtheria.....	29	27	35	42	39	172	114
Dysentery, bacillary.....	3	5	12	4		24	
Encephalitis, infectious.....	1	1				2	
Epilepsy.....	29	29	25	18	17	118	
Food poisoning.....	5	44	7			51	
German measles (Rubella).....	75	196	158	205	261	895	
Glanders.....							
Gonococcus infection.....	546	680	624	609	584	3,043	1,301
Granuloma inguinale.....			2			2	
Influenza, epidemic.....	469	663	382	382	409	2,305	461
Jaundice, infectious.....	7	1		3	8	23	
Leprosy.....			1			1	
Lymphogranuloma venereum (lymphopatia venereum, lymphogranuloma inguinale).....	2	5	2	5	5	19	
Malaria.....	9	23	24	25	26	107	
Measles (Rubella).....	446	713	681	796	969	3,596	1,290
Meningitis, meningococcal.....	22	21	20	23	17	103	
Mumps (Parotitis).....	303	514	466	647	507	2,437	2,776
Paratyphoid fever, A and B.....		2				2	
Plague.....							
Pneumonia, infectious.....	75	69	70	64	75	353	494
Polio myelitis, acute anterior.....	13	13	9	14	5	54	17
Psittacosis.....							
Rabies, human.....							
Rabies, animal.....	3	12	7	10	9	41	46
Relapsing fever.....							
Rheumatic fever.....	8	17	18	13	15	71	
Rocky Mountain spotted fever.....							
Scarlet fever.....	200	199	205	308	231	1,143	747
Septic sore throat, epidemic.....							
Smallpox (Variola).....				1		1	
Syphilis.....	389	470	529	582	447	2,417	2,087
Tetanus.....	1	1			2	4	
Trachoma.....		2			1	3	
Trichinosis.....			1			1	
Tuberculosis, pulmonary.....	112	119	128	104	226	689	581
Tuberculosis, other forms.....	3	12	5	7	16	43	33
Tularemia.....					1	1	
Typhoid fever.....		3	2	5		10	
Typhus fever.....	1		1		1	3	
Undulant fever (Bryucosis).....	3	3	2	8	5	21	
Whooping cough (Pertussis).....	103	124	128	158	121	634	1,166
Yellow fever.....							
Total.....						21,414	

NOTE: Military cases, if any, not included.

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